



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 11, 2024

Toni Larose
AH Holland Subtenant LLC
6755 Telegraph Rd Ste 330
Bloomfield Hills, MI 48301

RE: License #: AL700397726
Investigation #: 2024A0467007
AHSL Holland Bay Pointe

Dear Ms. LaRose:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL700397726
Investigation #:	2024A0467007
Complaint Receipt Date:	11/14/2023
Investigation Initiation Date:	11/14/2023
Report Due Date:	01/13/2024
Licensee Name:	AH Holland Subtenant LLC
Licensee Address:	One SeaGate, Suite 1500 Toledo, OH 43604
Licensee Telephone #:	(616) 283-9221
Administrator:	Toni LaRose
Licensee Designee:	Toni LaRose
Name of Facility:	AHSL Holland Bay Pointe
Facility Address:	11899 James Street Holland, MI 49423
Facility Telephone #:	(616) 393-2174
Original Issuance Date:	04/08/2019
License Status:	REGULAR
Effective Date:	10/08/2023
Expiration Date:	10/07/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility does not have enough staff to appropriately address residents' needs.	Yes

III. METHODOLOGY

11/14/2023	Special Investigation Intake 2024A0467007
11/14/2023	Special Investigation Initiated - On Site
01/10/2024	Exit conference completed with licensee designee, Toni LaRose
01/11/2024	APS Referral – sent via email

ALLEGATION: The facility does not have enough staff to appropriately address residents' needs.

INVESTIGATION: On 11/14/23, I received a BCAL online complaint stating that the facility has one employee providing care to 20 residents at times. The complaint alleged that medication techs are responsible for passing medications in more than one building.

On 11/14/23, I made an unannounced onsite investigation at the facility. Upon arrival, I spoke to AFC staff member, Ru Vanderlaan. Ms. Vanderlaan stated that AHSL Holland Baypointe has approximately 12 to 13 residents and she has no knowledge of 1 staff providing care for 20 residents. Ms. Vanderlaan did share that medication techs pass medications in more than one building. However, the facility remains in compliance with the staffing ratio. Ms. Vanderlaan confirmed that AHSL Holland Baypointe houses residents who require a two-person assist. Ms. Vanderlaan was thanked for her time as this interview concluded.

After speaking to Ms. Vanderlaan, I spoke to AFC wellness director, Ericka Zoerhof. Mrs. Zoerhof confirmed that the facility has 12 residents. Mrs. Zoerhof stated that the facility is often staffed with two people. However, it is not a requirement as none of the residents in the facility require a two-person assist for personal care needs. Mrs. Zoerhof agreed to email a copy of the staff schedule from October to November 14th, 2023. It should be noted that Mrs. Zoerhof shared that she has accepted employment elsewhere and will no longer be with the company after this week. Mrs. Zoerhof was thanked for her time as this interview concluded.

After speaking to Mrs. Zoerhof, introductions were made with AFC staff member, Raul Robles and he agreed to discuss case allegations. Mr. Robles stated that the facility currently has 13 residents and Resident A and Resident B both require a two-person assist. Mr. Robles stated that he primarily works first shift from 7:00 am to

7:00 pm and occasionally works 3rd shift at other buildings. Mr. Robles confirmed that despite having two residents in the facility that require a two-person assist, he has worked at the facility by himself on multiple occasions. In fact, Mr. Robles stated that more often than not, he's working in the facility by himself.

Mr. Robles was asked when the last time was that he worked in the facility by himself and stated, "sometime within the last week." Mr. Robles stated that management is aware of this, but he's gotten used to working by himself although he should have a colleague working alongside him. Mr. Robles stated, "I can only complain so much." Mr. Robles stated that Kenya Smith is another staff member that has worked in the facility by herself despite having two residents who require a two-person assist.

Prior to concluding the interview, Mr. Robles showed me copies of Resident A and Resident B's assessment plan. Resident A's assessment plan states, "resident requires extensive assistance including two-person assistance to safely transfer." Resident B's assessment plan states, "resident requires total assistance including two person and utilization of mechanical lifts to assist to safely transfer.

After speaking to Mr. Robles, I spoke to AFC staff member, Kenya Smith. Ms. Smith confirmed that her last time working at the facility was approximately two weeks ago. Ms. Smith confirmed that both Resident A and Resident B require a two-person assist with their personal care needs. Ms. Smith confirmed that she has worked at the facility by herself within the last month. Ms. Smith stated that management is aware of the situation and tried finding staff to come in and assist, but their attempts were unsuccessful. Ms. Smith was thanked for her time as this interview concluded.

On 11/14/23, I received an email from Mrs. Zoerhof that included the staff schedule from 10/3/23 through 11/14/23. Per the schedule, the facility appeared to have at least two staff members scheduled to work on each shift.

On 1/9/24, I sent an email to Ms. LaRose requesting timecards for staff members at the facility from 10/1/23 through 11/14/23. This was requested due to the discrepancy in what staff members disclosed and what the schedule shows. Ms. LaRose attempted to provide me with the requested timecards. However, this was unsuccessful.

On 1/10/24, I spoke to Ms. Vanderlaan via phone. She was trying to assist in providing the requested timecards as well but was also unsuccessful. Ms. Vanderlaan stated that the facility is always staffed with two people. However, some staff assume they're by themselves although there is a med tech available to help as needed.

On 1/10/24, I spoke to Jessica Francis, HR Business Partner for American House via email. Ms. Francis asked for details as to what information I was requesting for staff. I informed her that I needed timecards for staff members to address a

discrepancy in what the staff schedule shows and what staff are telling me. Ms. Francis shared that she was unable to find the report and that staff are still getting to know the new scheduling platform that the facility uses. On 1/11/24, I let Ms. Francis know that without the timecards to prove that the facility was appropriately staffed, I would have to cite the facility for insufficient staffing.

On 01/10/2024, I spoke to licensee designee, Toni LaRose via email. She was informed that without providing me with timecards for staff members, the facility would be cited for the lack of staffing due to the discrepancy between the staff schedule and statements made by staff members. As a result, a corrective action plan is due within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	<p>AFC staff members Mr. Robles and Ms. Smith both stated that the facility has two residents who require a two-person assist. Both Mr. Robles and Ms. Smith stated they have worked alone in the building on multiple occasions.</p> <p>Resident A and B’s Assessment Plans both indicate that two staff are required to assist them with transferring.</p> <p>I reviewed the staff schedule, which indicated that there were at least two staff members scheduled to work each shift. Due to the discrepancy in what the schedule showed and what staff reported, I requested to review timecards for staff members to confirm that at least two people worked each shift. Management was unable to provide me with copies of staff member timecards. Therefore, there is no proof that the facility has been appropriately staffed. There is preponderance of evidence to support the allegation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change to the

current license status.

Anthony Mullins

01/11/2024

Anthony Mullins
Licensing Consultant

Date

Approved By:

Jerry Hendrick

01/11/2024

Jerry Hendrick
Area Manager

Date